

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.  
Applicant(s)

Filing Date

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1	2				59						
10		2	1				60						
11		1					61						
12		1					62						
13							63						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓			↓								
TOTAL DEP.	9	←			←		↓						
TOTAL CLAS.	11	[REDACTED]			[REDACTED]			←		↓		←	